

SOLID WASTE FACILITY PERMIT

1. Facility/Permit Number:

45-AA-0043

2. Name and Street Address of Facility:

West Central Landfill
14095 Clear Creek Road
Redding, CA 96001

3. Name and Mailing Address of Operator:

Shasta Co. Dept. of Public Works
1855 Placer Street
Redding, CA 96001

Contract Operator:

City of Redding
760 Parkview Avenue
Redding, CA 96001

4. Name and Mailing Address of Owner:

Shasta Co. Dept. of Public Works
1855 Placer Street
Redding, CA 96001

5. Specifications:

a. Permitted Operations: Landfill Disposal Site

b. Permitted Hours of Operation: Monday through Sunday daylight hours

c. Permitted Volume per Operating Day: 700 tons/day

Non-Hazardous - General	..... n/a	Tons/Day
Non-Hazardous - Sludge	..... n/a	Tons/Day
Non-Hazardous - Separated or commingled recyclables	..... n/a	Tons/Day
Non-Hazardous - Other (See Section 14 of Permit)	..... n/a	Tons/Day
Designated (See Section 14 of Permit)	..... n/a	Tons/Day
Hazardous (See Section 14 of Permit)	..... n/a	Tons/Day

d. Permitted Traffic Volume: n/a Total: Vehicles/Day

Incoming waste materials	..... n/a	Vehicles/Day
Outgoing waste materials (for disposal)	..... n/a	Vehicles/Day
Outgoing materials from material recovery operations	..... n/a	Vehicles/Day

e. Key Design Parameters (Detailed parameters are shown on site plans bearing LEA and CIWMB validations):

	Total	Disposal	Transfer	MBF	Composting	Transformation
Permitted Area (in acres)	1.058a	107a	n/a	n/a	n/a	n/a
Design Capacity		6,605,722 yds	n/a	n/a	n/a	n/a
Max. Elevation (Ft. MSL)		n/a				
Max. Depth (Ft. BGS)		n/a				
Estimated Closure Date		2010				

The permit is granted solely to the operator named above, and is not transferable. Upon a change of operator, this permit is no longer valid. Further, upon a significant change in design or operation from that described herein, this permit is subject to revocation or suspension. The attached permit findings and conditions are integral parts of this permit and supersede the conditions of any previous issued solid waste facility permits.

6. Approval:


Approving Officer Signature

Russ Mull, Director, Resource Management
Name/Title

7. Enforcement Agency Name and Address:

Shasta County Department of Resource
Management
Environmental Health Division
1855 Placer Street, Suite 201
Redding, CA 96001

8. Received by CIWMB: 08/03/92
(original permit)

9. CIWMB Concurrence Date: 09/23/92

10. Permit Issue Date: 10/19/92
(original permit)

11A. Next Permit Review Due Date: 07/01/03

11B. Permit Transfer Date:

11C. Permit Review Date: 07/01/98